

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023601

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

146 3026 287
FILED JUN 19 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN IndependenceLength of stay in 1b
58 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Independence Hosp.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission):

a. STATE

Mo.

b. COUNTY Jackson

Inside Limits
Yes ☒ No ☐

c. CITY OR TOWN Independence

d. STREET ADDRESS (If outside, give location)
1116 N. OsageReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First MRS. STELLA

Middle HESTER

Last NOBLE

4. DATE OF DEATH

Month June

Day 4,

Year 1962

5. SEX
Female6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
Oct. 5, 18809. AGE (last birthday)
81IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Stenographer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Carrolton, Mo.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Peter Rockey

13b. MOTHER'S MAIDEN NAME

Sarah Rockey

14. NAME OF HUSBAND OR WIFE

Alonzo Noble, dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
Mrs. Edith Dennis
8908 N. Liberty, Indep., Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Rupture of Abdominal aortic aneurysm

INTERVAL BETWEEN ONSET AND DEATH

16 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Aortic aneurysm

many yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Oct 1960 to June 4, 62 and last saw her alive on 6-4-62
Death occurred at 4:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial23b. DATE
June 7, 196223c. NAME OF CEMETERY OR CREMATORY
Woodlawn23d. LOCATION (City, town, or county) (State)
Independence, Missouri

24. FUNERAL DIRECTOR

ADDRESS

OTT & MITCHELL, Indep., Mo.

25. DATE RECD. BY LOCAL REG.

6-7-62

26. REGISTRAR'S SIGNATURE

Alba L. Craig

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

17005

27005

3

4 1

5 2

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9451X

10

11

12 1-0

13 1-0

JUN 21 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.